

**U.S. Department of the Interior**  
**Public Transportation Subsidy Program Application**

|  |  |                                     |   |                                  |                 |
|--|--|-------------------------------------|---|----------------------------------|-----------------|
| <b>A. Type of Action</b>   |  | <b>First-Time Application</b> _____ |   | <b>Revised Application</b> _____ |                 |
| <b>B. Personal Information</b>   |  |                                     |   |                                  |                 |
| Name (Last, First MI): _____   |  |                                     |   |                                  |                 |
| Home Address: _____  |  | City: _____                         |   | State: _____                     | Zip Code: _____ |
| Work Address: _____  |  | City: _____                         |   | State: _____                     | Zip Code: _____ |
| Office Phone Number: (     )     -     x     _____   |  |                                     | Last 4-Digits Social Security Number: XXX-XX-_____                                |                                  |                 |
| Bureau Code (see page 2): _____  |  |                                     | Office Name: _____  |                                  |                 |
| Employment Status: Full-time: ____ Part-time: ____ Temporary/Seasonal (Appointment Expiration Date): ____/____/____  |  |                                     |   |                                  |                 |
| Payroll Cost Structure Account Number (See page 2): _____  |  |                                     |   |                                  |                 |
| <b>C. My Commute</b> (for which I am seeking a transportation benefit)   |  |                                     |   |                                  |                 |
| Mode of transportation to be used: Bus____ Light Rail____ Subway____ Train____ Ferry____ Authorized Vanpool ____   |  |                                     |   |                                  |                 |
| Please indicate the number of days per week that you usually:  |  |                                     |   |                                  |                 |
| Drive to work ____ Days; Miles each way: _____   |  |                                     |   |                                  |                 |
| Vanpool ____ Days; Monthly vanpool charge: \$_____   |  |                                     |   |                                  |                 |
| Public Transit ____ Days; Daily fare: \$_____  |  |                                     |   |                                  |                 |
| My monthly commuting costs (excluding parking fees) are \$_____  |  |                                     |   |                                  |                 |
| I am seeking a monthly transportation benefit (not to exceed \$105.00) of \$_____  |  |                                     |   |                                  |                 |
| Name of Public Transit Company/System or Vanpool Company to be used: _____   |  |                                     |   |                                  |                 |
| Identify the type of pass or fare media to be used: _____  |  |                                     |   |                                  |                 |
| Are you a vanpool operator: Yes____ No____ If "yes", Vanpool Registration No. (Issued by transit authority): _____   |  |                                     |   |                                  |                 |
| I presently utilize a federally-subsidized parking space: Yes____ No____   |  |                                     |   |                                  |                 |
| <b>D. Employee Certifications</b>  |  |                                     |   |                                  |                 |
| <b>WARNING: This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.</b>                                   |  |                                     |   |                                  |                 |
| I certify that I have read and understand the rules governing participation in the program and I am eligible for the public transportation subsidy, will only use it for daily commute to and from work, and will not transfer it to anyone else; and  |  |                                     |   |                                  |                 |
| I certify that I am employed by the U.S. Department of the Interior and I am not a recipient of Federally subsidized workplace parking with the U.S. Department of the Interior or any other Federal agency; and   |  |                                     |   |                                  |                 |
| I certify that my monthly commuting costs (excluding parking costs) stated above are accurate and do not exceed my actual costs; and   |  |                                     |   |                                  |                 |
| I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my qualifying commuting costs per month on public transportation exceed the monthly statutory limit, I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month. If I should leave the Department, I will return the pro-rated value of unused benefits. |  |                                     |   |                                  |                 |
| <b>Employee Signature:</b> _____   |  |                                     | <b>Date (mm/dd/yy):</b> _____   |                                  |                 |
| <b>E. Supervisory Approval:</b> As the applicant's supervisor, I certify that I have reviewed the information provided on this application and believe it to be accurate.<br><br>Name: _____<br><br>Signature: _____ Date (mm/dd/yy): _____<br><br>Title: _____  |  |                                     | <b>F. Bureau/Office Transportation Subsidy Benefit Coordinator Certification:</b> |                                  |                 |
|  |  |                                     | Name: _____<br><br>Signature: _____ Date (mm/dd/yy): _____                        |                                  |                 |

# PUBLIC TRANSPORTATION SUBSIDY PROGRAM APPLICATION

## **General Instructions for Completing this Form:**

- Before completing this form, make sure that you qualify for participation in this program by fully acquainting yourself with this program. Details of the program are described on the PFM Home Page at <http://www.doi.gov/pfm/subsidy.html>.
- A form-fillable version of this application can be found on-line at [www.nbc.gov/facilities](http://www.nbc.gov/facilities); or you may pick-up paper copies from your bureau/office Transportation Subsidy Coordinator, or Room 1210, Main Interior Building.
- The form must be signed by you and your supervisor, and forwarded to your bureau/office Transportation Subsidy Coordinator.
- If you change offices or transfer to another bureau/office, and you wish to remain in the program, you must complete a new form and submit it for processing.
- If the cost of your commute increases or decreases, and your entitlement changes as a result, you will be required to submit a new application.
- If you wish to cancel your participation, you must do so in writing. You may either submit a written statement (e-mail is acceptable) expressing your intent to withdraw from the Transportation Subsidy Program, or process your Exit Clearance Form through your bureau/office Transportation Subsidy Coordinator.
- If you have additional questions please contact your bureau/office Transportation Subsidy Coordinator.

## **Specific Instructions for Completing this Form:**

### **A. Type of Action:**

- Select First-time Application or Revised Application.

### **B. Personal Information:**

- Complete Personal Information section.
- If you do not know your **“Payroll Cost Structure Account Number,”** obtain it from your supervisor, timekeeper or administrative officer. This is the account number to which your salary is charged. It is often available in the time and attendance office. This form cannot be processed without this number.
- Bureau Codes to be Used:

BIA06 - Bureau of Indian Affairs  
LLM05 - Bureau of Land Management  
NBC01 - National Business Center  
OS01 - Office of the Secretary  
WGS08 - U.S. Geological Survey

FNP10 - National Park Service  
LMS23 - Minerals Management Service  
OAS01 - Aircraft Services  
SOL21 - Solicitor

FWS15 - Fish & Wildlife Service  
LSM22 - Office of Surface Mining  
OIG24 - Inspector General  
WBR07 - Bureau of Reclamation

**Privacy Act Statement:** This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transportation subsidy benefit. The purpose of this information is to facilitate timely processing of the request, to ensure eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with the U.S. DOI or any other Federal agency.